



BOARD OF COUNTY COMMISSIONERS

301 South Monroe St.
Tallahassee, Florida 32301
(850) 488-4710

Division of Animal Control
501-B Appleyard Drive
Tallahassee, FL 32304
(850) 487-3172

Commissioners:

BILL PROCTOR
District 1

JANE SAULS
District 2

DAN WINCHESTER
District 3

TONY GRIPPA
District 4

BOB RACKLEFF
District 5

ED DEPUY
At Large

CLIFF THAELL
At Large

PARWEZ ALAM
County Administrator
(850) 488-9962

HERBERT W.A.
THIELE
County Attorney
(850) 487-1008

PETITION FOR CLASSIFICATION OF A DANGEROUS OR AGGRESSIVE ANIMAL

DAC Case No: _____

I, _____ Hereby request that the Leon County Division of Animal Control classify the following animal(s) as DANGEROUS or AGGRESSIVE:

<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>Age</u>	<u>Name</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am requesting the classification as a result of one or more of the following:

_____ This/these animal(s) has/have when unprovoked, bitten, attacked or endangered or has/have inflicted severe injury on a human being on public or private property.

_____ This/these animal(s) has/have more than once severely injured or killed a domestic animal while off the owner's property.

_____ This/these animal(s) has/have been used primarily or in part for the purpose of dog fighting or is/are trained for dog fighting.

_____ This/these animal(s) has/have, when unprovoked, chased or approached a person upon the streets, sidewalks or any public grounds in a menacing fashion or apparent attitude of attack.

_____ This/these animal(s) has/have injured or killed a domestic animal in a first unprovoked attack while off of the premises of the owner. (Aggressive)

OWNER: _____
Name Address

Home Phone

Work Phone

Received by D.A.C.: _____ At _____ AM/PM By: _____
Date Time Employee Name & Badge #

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Petition for Classification

Case No:_____

PETITIONER'S NARRATIVE:(LIST ALL DATES, APPROXIMATE TIMES, LOCATIONS AND WITNESS TO SUPPORT THE FOLLOWING ALLEGATIONS.) Return completed form to Leon County Animal Control.

[illegible]

additional pages as needed)

I swear the above and attached statements are true and correct to the best of my knowledge and belief.

PETITIONER: _____

Name

Address

Signature	Home/work Phone
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An equal opportunity/affirmative action employer

Signature

Home/work Phone

_____ Sworn
to and subscribed before me this ____ Day of _____, 20____, by _____

who is personally known to me or has produced _____ as identification.
(Drivers License, State I.D., etc.)

(Signature) NOTARY PUBLIC, State of Florida

Printed Name of Notary Public